

**Dental Rate Proposal  
for City of Arlington  
Fully Insured Plan - Texas - Dallas**

Based on the information provided and our analysis of your organization, UnitedHealthcare is pleased to offer the following dental funding plan for an effective date no later than - Rates are effective from January 01, 2008 .

| Dental Services                                  | Passive PPO P3946<br>Option 1 |                   | Passive PPO P1214 |                   |
|--|-------------------------------|-------------------|-------------------|-------------------|
|  | In<br>Network                 | Out of<br>Network | In<br>Network     | Out of<br>Network |
| Preventive & Diagnostic                          |                               |                   |                   |                   |
| Oral Evaluations (Diagnostic)                    | 80%                           | 80%               | 80%               | 80%               |
| X Rays (Diagnostic)                              | 80%                           | 80%               | 80%               | 80%               |
| Lab and Other Diagnostic Tests                   | 80%                           | 80%               | 80%               | 80%               |
| Prophylaxis (Preventive)                         | 80%                           | 80%               | 80%               | 80%               |
| Fluoride Treatment (Preventive)                  | 80%                           | 80%               | 80%               | 80%               |
| Sealants   | 80%                           | 80%               | 80%               | 80%               |
| Basic Services                                   |                               |                   |                   |                   |
| Restorations (Amalgams and Resin Based Only)     | 80%                           | 80%               | 60%               | 60%               |
| General Services (including Emergency Treatment) | 80%                           | 80%               | 60%               | 60%               |
| Space Maintainers                                | 80%                           | 80%               | 60%               | 60%               |
| Simple Extractions                               | 80%                           | 80%               | 50%               | 50%               |
| Oral Surgery (includes surgical extractions)     | 50%                           | 50%               | 50%               | 50%               |
| Periodontics                                     | 80%                           | 80%               | 50%               | 50%               |
| Endodontics                                      | 80%                           | 80%               | 50%               | 50%               |
| Major Services                                   |                               |                   |                   |                   |
| Inlays/Onlays/Crowns and Bridges                 | 50%                           | 50%               | 50%               | 50%               |
| Dentures and other Removable Prosthetics         | 50%                           | 50%               | 50%               | 50%               |
| Fixed Prosthetics                                | 50%                           | 50%               | 50%               | 50%               |
| Orthodontic Services                             |                               |                   |                   |                   |
| Orthodontia                                      | 50%                           | 50%               | N/A               | N/A               |
| Orthodontia Eligibility                          | Child (up to age 19)          |                   | N/A               |                   |
|  |                               |                   |                   |                   |
| Deductible                                       | \$50/\$150                    | \$50/\$150        | \$50/\$150        | \$50/\$150        |
| Deductible applies to Preventive & Diagnostic    | No                            | No                | No                | No                |
| Annual Max                                       | \$1500                        | \$1500            | \$750             | \$750             |
| Lifetime Ortho Max                               | \$1000                        | \$1000            | N/A               | N/A               |
| Waiting Period applies                           | Yes                           |                   | Yes               |                   |
| Out of Network Basis                             | UCR 85th                      |                   | MAC               |                   |
|  |                               |                   |                   |                   |
| Employee   | 161                           | \$28.41           | 161               | \$11.78           |
| Employee + One                                   | 44                            | \$56.26           | 44                | \$23.34           |
| Employee + Family                                | 65                            | \$99.04           | 65                | \$41.08           |
|  | 270                           |                   | 270               |                   |
| Monthly Premium                                  | \$13,487.05                   |                   | \$5,593.74        |                   |
| Annual Premium                                   | \$161,844.60                  |                   | \$67,124.88       |                   |

**Quote Assumptions:**

- Rates are valid for 90 days from April 26, 2007 or January 01, 2008 , whichever is sooner.
- Rates are effective from January 01, 2008 through December 31, 2008.
- Quote assumes a complete dental replacement.
- United Healthcare reserves the right to adjust the above rates should enrollment fluctuate by +/- 10%.
- The In- and Out-of-Network Calendar Maximums and Lifetime Ortho Maximums are combined.
- Quote assumes standard Exclusions and Limitations.
- Rate includes 0% Broker commissions.
- Assumed contract situs is TX.
- Rates listed above assume the plan designs quoted. Rates may change, if plan design changes.
- Rates are guaranteed for 12 months.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Dependent children are covered to age 25, regardless of student status.
- Rates are based on a voluntary dental with no participation requirements.